FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. 101 51 102 52 103 53 104 54 106 55 106 56 107 57 /08 58 109 59 /10 60 /11 61 /12 62 113 63 /14 64 /15 65 /16 66 /17 67 /18 68 /19 69 / 20 70 /21 71 / 22 72 / 23 73 / 24 74 / 25 75 1 26 76 127 77 /28 78 / 29 79 /30 80 / 31 81 **/**32 82 / 33 83 / 34 84 / 35 85 / 36 86 / 37 87 / 38 88 39 89 / 40 90 /41 91 / 42 92 /43 93 /44 94 95 146 96 47 97 48 98 49 99 50 100 TOTAL TOTAL TOTAL DEP. TOTAL DEP. The second